



NOV 26 2004

PTO/SB/92 (09-04)

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09/536137

FA0881USNA

RESPONSE TO OFFICE ACTION (4 PAGES)
PETITION FOR EXTENSION OF TIME (IN DUPLICATE)
FEE TRANSMITTAL (IN DUPLICATE)
CERTIFICATE OF MAILING
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Page _____ of _____

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NOV 26 2004

PTO/SB/17 (11-04)

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FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$) 980.00
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order

Deposit Account None

Deposit
Account
Number

04-1928

Deposit
Account
Name

E. I. du Pont de Nemours and Company

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

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FEE CALCULATION
1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid(\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) \$ 0.00

Complete if Known

Application Number	09/536137
Filing Date	March 28, 2000
First Named Inventor	Daniel A. Benton Et. Al.
Examiner Name	C. Nguyen
Art Unit	2171
Attorney Docket No.	FA0881USNA

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$) **Fee Paid (\$)**

_____ - 20 or HP = _____ x 18.00 = _____
HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) **Fee Paid (\$)**

_____ - 3 or HP = _____ x 88.00 = _____
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) **Fee Paid (\$)**

YES 300.00 _____

Subtotal (2) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid(\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	980.00
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: _____			

Subtotal (3) \$ 980.00

SUBMITTED BY

Signature		Registration No. 36,087 (Attorney/Agent)	Telephone (302) 992-2236
Name (Print/Type)	Steven C. Benjamin		Date 11/23/04

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.